and is rendered soluble by the administration of alkalies, that uratic deposits of sodium biurate are dissolved by alkalies, and that the system of a gouty person is pervaded by a general acidity which is neutralized and removed by alkalies. With regard to the first assumption, it is now well known that in gouty subjects uric acid is never present as such in the blood and tissues, but is always combined with sodium as the quadriurate or biurate. The only way in which alkalies could beneficially affect the quadriurate would be to delay its conversion into the biurate. Experiments with an artificial blood-serum to which potassium carbonate, potassium citrate, lithium carbonate, lithium citrate, sodium bicarbonate, sodium phosphate, piperazine and lysidin were added in solution showed that this conversion is not delayed. The following do not in the slightest degree increase the solvent power of the blood for gouty deposits: Potassium carbonate, potassium citrate, lithium carbonate, lithium citrate, sodium phosphate, piperazine and lysidin. Sodium bicarbonate slightly decreases the solvent power of the blood for gouty deposits. The assumption that in connection with gout there is a general acidity of the system which causes a diminished alkalinity in the blood is opposed to the results of recent investigations upon the subject. Klemperer showed that the alkalinity in the blood in gout is very little, if at all, diminished, and that corresponding variations in the alkalinity of the blood may frequently be met with in healthy individuals. More-
for sodium biurate. Experiments with sodium salicylate show that it has
over, a diminution of the alkalinity of blood-serum containing uric acid in
does a diminution in the alkalinity of blood-serum diminish its solvent power
solution does not facilitate the deposition of sodium biurate from it, nor
no direct action either in delaying the decomposition of sodium quadriurate or in effecting a solvent action on deposits of sodium biurate. The supposed solvent effect of sodium salicylate for gouty deposits does not, therefore exist. The correct explanation of the increased elimination of uric acid in the urine during the administration of sodium salicylate is that salicylic acid unites readily with glycocine, and so conveys an increased amount of that body to the kidneys, where, by its combination with urea, an increased amount of uric acid is necessarily formed. This increased formation of uric acid is directly detrimental to gouty subjects, and on that account the salicylates are contraindicated in that disease. The general conclusions are that the ordinary alkalies, lithium salts, piperazine, and lysidin are useless, and sodium salicylate is also apparently contraindicated in gout.—*The Lancet*, 1898, No. 3902, p. 1606.

The Melaleuca Viridiflora.—M. DUBOUSQUET-LABORDERIE calls attention to this tree, which is found in New Caledonia, from which an essence is obtained resembling that of eucalyptus. In pulmonary tuberculosis, administered by the stomach in dose of ten capsules (each four grains) daily, it gives rise to no disturbance. An oily emulsion of 2 per cent. strength can be given hypodermatically. In this disease cough, expectoration, and fever cease and the weight increases. In coryza and tonsillitis, inhalations produce remarkable sedative effects. In diseases of the urinary apparatus excellent results have been obtained. In one instance albuminuria disappeared. In cystitis and prostatitis, irrigation with a 2 per cent. aqueous solution is advised. For rheumatism and neuralgia local frictions are recommended. For wounds a 5 per cent. solution, for burns double this strength, produces an agreeable coolness and hastens healing.—*Revue de Thérapeutique Médico-Chirurgicale*, 1898, No. 12, p. 407.

Clinical Observations upon Kryofine.—DR. M. A. SHLENKER has employed this drug for seven patients, whose histories are reported. As an antipyretic it acts within an hour after its administration, and its effects last for at least three hours. As an analgesic it is equally good or superior to antipyrine or phenacetin, and seems to be well borne by the stomach. In hysteria and neurasthenia it gives restful sleep. The dose varies from seven to fifteen grains, but seventy-five grains have been given without producing death, although with such an amount there is marked depression.—*Atlantic Medical Weekly*, 1898, No. 20, p. 305.

Peronin.—DR. MELTZER concludes that (1) this remedy (benzyl-morphine), in dose of from two-thirds to one and one-half grains, acts similarly to morphine, but is free from any unpleasant after-effects. (2) Its place, as concerns its hypnotic action, is between morphine, on the one side, and such hypnotics as paraldehyde, amylene hydrate, sulphonal, and trional, on the other. Its disadvantages are its difficult solubility and its unpleasant taste. The first can be remedied by its mixture (not solution) as follows: Peronin, 2; saccharin, 0.5; spirit of wine, 100; and water, 900. This must be thoroughly shaken before the dose is taken from the bottle. As for the second objection, it is not more unpleasant than the above-named hypnotics.—*Therapeutische Monatshefte*, 1898, Heft 6, S. 316.

Eucaine-B in General Surgery.—DR. GIUSEPPE CIPRIANI claims that this is not irritating to mucous membranes, nor does it produce an inconvenient hyperæmia. He employs solutions varying in strength in from 2 to 6 per cent. With these, when the operation is of short duration, he can avoid general anæsthesia in persons suffering from cardiac disease.—*Therapeutische Monatshefte*, 1898, Heft 6, S. 331.

M. A. LEGRAND makes use of a 2 per cent. solution in distilled water (solution by boiling), which is stable. He concludes that: (1) It is a good local anæsthetic, about three and one-half times less toxic than cocaine, and produces as quickly as complete an anæsthesia as the latter, but of shorter duration. (2) In inflamed tissues the results are as uncertain as from cocaine. (3) It is a vaso-dilator. (4) It produces upon mucous surfaces and in wounds a disagreeable burning sensation which generally appears about twenty-five minutes after anæsthesia, and may last an hour and a half. —*Les Nouveaux Remèdes*, 1898, No. 11, p. 224.

A Clinical Study of Kryofine.—DRS. SIDNEY V. HAAS and J. BENNETT MORRISON report that this substance reduces temperature gradually, attaining its maximum effect in from three to six hours, without producing much diaphoresis. The pulse-rate is also reduced with the temperature, and there is practically no depression. Of the one hundred and fifty instances of its use only two showed cyanosis or collapse. As an analgesic it relieves head-